



## Teamwork for Effective Arizona Marketing (TEAM) FY 2009 Application

- Incomplete applications will not be accepted.
- Due Date: Application must be received by AOT no later than 5:00 p.m. Friday, April 18, 2008.
- Only TYPED applications will be accepted.
- Submit one (1) original application AND four (4) photocopies.

### Section A: Applicant Administrative Information

- Entity Name: \_\_\_\_\_  
Doing Business As (if different from above) \_\_\_\_\_
- Mailing Address: Street or PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: AZ Zip Code: \_\_\_\_\_
- Physical Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: AZ Zip Code: \_\_\_\_\_
- County (list all represented if regional applicant): \_\_\_\_\_
- Project Coordinator's Name and Title: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Federal Identification Number: \_\_\_\_\_
- Matching Funds Requested \$ \_\_\_\_\_
- Application Type: ☐ Individual ☐ Individual with not-for-profit partner ☐ Regional

Individual - using the chart below, list the source of funding and dollar contribution.

Individual with not-for-profit partner - using the chart below, list the source of funding and dollar contribution for both the applying entity and the not-for-profit partner.

Regional - using the chart below, list all partners contributing to the regional TEAM effort starting with the lead applying entity, their source of funding, and their dollar contribution. **Note:** A region must be comprised of at least three (3) entities and each entity must sign and attach an affidavit in support of application, (Exhibit B).

Individual, Not-for-Profit or Regional Partner Name	Source of Funding	Dollar Contribution (min \$1000 per partner)
		\$
		\$
		\$
		\$

Total: \$ \_\_\_\_\_

10. Does this application include AOT Initiative direct incentive funds request? Yes No

11. Two different signatures are required in order to process this document.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Project Coordinator)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Administrative Official)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_